

DEALER MUST RETAIN THIS COPY



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES
SPECIAL USE CERTIFICATE



NAME OF OWNER _____
(Last Name) (First Name) (Middle Name)

RESIDENCE _____
(Number) (Street) (Section) (Zip Code) (Apt. No.)

DRIVER LICENSE STATE & NO. _____

MAKE _____ YEAR _____ MODEL _____ BODY _____

VIN. _____

PURPOSE OF USE *(BE SPECIFIC)* _____

NAME OF
ISSUING DEALER _____

SIGNATURE OF
AUTHORIZED AGENT _____

INSURANCE
CO. NAME _____

POLICY OR
BINDER NO. _____

I/we certify the vehicle described above is insured as required under the Compulsory Motor Vehicle Insurance Act of 1982, and this coverage will remain in effect throughout the temporary registration period. Neither my driving nor my registration privileges are suspended or revoked in the District of Columbia.

Issued in accordance with Title 18, Section 506, Vehicle Title and Registration regulations.

NOTE: Not more than 45 days excluding date of issuance.

SPECIAL USE TAG NO.

DATE ISSUED

EXPIRATION DATE

(See Note)

CONTROL NO.

SIGNATURE OF OWNER

DATE

To report waste, fraud, or abuse by any DC Government office or official,
call the DC Inspector General at 1-800-521-1639.

CUSTOMER'S COPY - DO NOT DESTROY



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DMV-DS-004 (Rev. 06/05)



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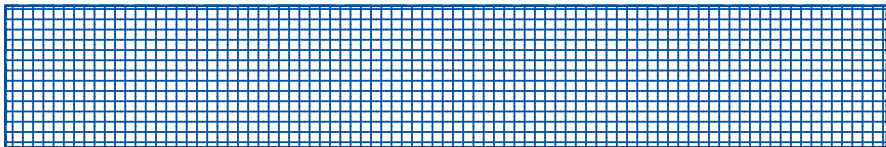
DATE

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PLACE IN WINDSHIELD



GOVERNMENT OF THE DISTRICT OF COLUMBIA
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VIN _____

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CONDITIONS

This Special Use Certificate and the assigned Special Use Tags are valid for a period not to exceed forty-five (45) days from the date of issuance shown hereon.

This Special Use Certificate and the assigned Special Use Tags do not constitute a registration of the vehicle.

The Special Use Tags are valid for the purpose of obtaining legal registration of the vehicle, but in no case are the tags valid for more than forty-five (45) days from the date of issuance.